

DERMATOLOGY HISTORY FOR DOGS

Your Name _____ Your Dog's Name _____

Dog's Age _____ Breed _____ Sex _____

Primary concerns about your dog's skin:

When was this first noticed?

Was onset rapid or gradual?

Does your dog itch? Yes No

When? Constant Sporadic Night only

What time of year most itchy?

Spring Summer Autumn Winter Year around

What part(s) of your dog most itchy?

Where does your dog spend his day? _____ % indoor _____ % outdoor

What other pets live in your household?

What is the name of your dog's food?

What treats does your dog eat?

What flea control do you use and how often?

Do all the pets receive the same flea control at the same intervals?

How often to you bathe your dog?

How often does your dog swim?

What medications is your dog taking at this time?

What other health problems does your dog have?

What previously prescribed medications have been of benefit?

Please share any additional information that you think of importance.

BE SURE TO BRING THE PREVIOUS MEDICATIONS, PILLS, OINTEMENTS, EAR CLEANERS, SHAMPOOS, EVEN IF EMPTY TO THE CONSULTATION. DO NOT BATHE YOUR DOG WITHIN 5 DAYS, DO NOT CLEAN OR TREAT EARS WITHIN 2 DAYSOF YOUR DOG'S APPOINTMENT.